

ISSUE SLIP STATUS AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SH		
O.I.P.E. CLASSIFIER	DN	32	11/17
FORMALITY REVIEW			

INDEX OF CLAIMS

✓ _____ Rejected
 ○ _____ Allowed
 (Through numeral) _____ Canceled
 + _____ Restricted
 N _____ Non-elected
 I _____ Interference
 A _____ Appeal
 O _____ Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
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Best Available Copy